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In re: Igor Neyman et al.

Case: P3251

Application No.: 08/928,861

Filing date: 09/12/1997

Art Unit: 2645

Examiner: A Hoosain

Subject: Improved Call Center Apparatus and Functionality in Telephony

**Certificate of Transmission under 37 CFR 1.8**

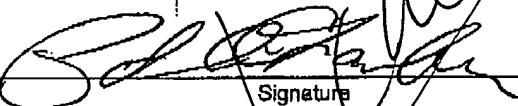
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each submitted paper.

Total Sheets Transmitted - 21

1. Copy of PAIR sheet for 08/928,861 - 2 sheet
2. Copy of stamped Postcard listing contents - 1 sheet
3. Copy of Express Mail receipt Date In 08/21/2000 - 1 sheet
4. Copy of Amendment Transmittal as sent 08/21/2000 - 1 sheet
5. Copy of Duplicate Amendment Transmittal as sent 08/21/2000 - 1 sheet
6. Copy of Amendment F as sent 08/21/2000 - 12 sheets
7. Copy of Postcard listing contents - 1 sheet
8. Copy of Certificate of Express Mailing as sent 08/21/2000 - 1 sheet
9. Certificate of Transmission - 1 sheet

I find that PAIR fails to show receipt of the amendment submitted 08/21/2000. Attached is a copy  
of the amendment and proof of mailing. Please have this matched with the file.

Please call me at (831) 726-1457 if you have any questions.

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Official

3251



Certificate of express mailing No. EL573443581US  
Attorney Docket No: P3251 Serial No. 08/928,861 Date: 08/21/2000

1. Amendment F.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Official

"Express Mail" Mailing Label Number: EL573443581USCASE DOCKET NO. P3251In reference to application of Igor Neyman et al.Serial No. 08/928,861For Improved Call Center Apparatus and Functionality in Telephony

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

No additional fee is required.  
 Small entity status of this previously submitted application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  
 A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.  
 The fee has been calculated as shown below.

***** CLAIMS AS AMENDED*****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	16	Minus	**20	0	\$09.00	\$18.00	\$0.00
Indep Claims	3	Minus	***3	0	\$39.00	\$78.00	\$0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$135	\$270	\$0.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month				\$0.00
Total additional for claims and time extensions							\$0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

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Respectfully Submitted,


Donald R. Boys  
Reg. No. 35,074Central Coast Patent Agency  
P.O. Box 187  
Aromas, CA 95004  
(831) 726-1457

3251

Certificate of express mailing No. EL573443581US  
Attorney Docket No. P3251 Serial No. 08/928,861 Date: 08/21/2000

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## Certificate of Express Mailing

"Express Mail" Mailing Label Number: EL573443581US

Date of Deposit: 08/21/2000

Ref. Case Docket No.: P3251

First Named Inventor: Igor Neyman et al.

Serial Number: 08/928,861

Filing Date: 09/12/1997

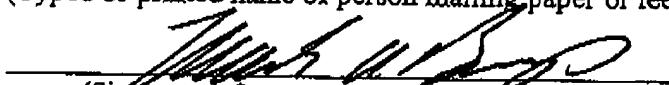
Title of Case: Improved Call Center Apparatus and Functionality in Telephony

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Mark A. Boys

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<b>ORIGIN (POSTAL USE ONLY)</b>			
PO ZIP Code: <b>95004</b> Date: <b>8/21/00</b> No. Day Year: <b>315</b> Time: <b>AM</b> Weight: <b>4</b> lbs.		Day of Delivery: <input type="checkbox"/> Next <input checked="" type="checkbox"/> Saturday Postage: <input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 4 PM <b>\$ 1175</b>	Flat Rate Envelope <input type="checkbox"/> Return Receipt Fee <input type="checkbox"/> 1st Day <input checked="" type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Int'l Alpha Country Code <b>CA</b>	COD Fee <input type="checkbox"/> Insurance Fee <b>\$ 1175</b>
<b>CUSTOMER USE ONLY</b>			
METHODS OF PAYMENT: Express Mail Corporate Acct. No.		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if neither of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee declines, delivery can be left in a secure location and I authorize that delivery employee sign my name and affix my proof of delivery. <b>NO DELIVERY:</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	
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